TRICARE BUG

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TRICARE Policy Resources

For your information

The TRICARE Management Activity provides Health Net with guidance—as issued by the Department of Defense (DoD)—for administering TRICARE related laws. The DoD issues this direction through modifications to the Code of Federal Regulations (CFR).

The *TRICARE Operations Manual, TRICARE Reimbursement Manual* and *TRICARE Policy Manual*, are regularly updated to reflect changes in the CFR. Depending on the complexity of the law and federal funding, it can take a year or longer before the DoD provides direction for administering new policy.

Note: TRICARE-related statutes can be found in Title 10 of the United States Code, which houses all statutes regarding the armed forces. Unless specified otherwise, federal laws generally supersede state laws.

Refer to the TRICARE manuals, available at **http://manuals.tricare.osd.mil** and *TRICARE Provider News* at **www.hnfs.com** for current information about policy changes, timelines and implementation guidance.

Inside This Issue

Injured While on Active Duty

Did you know?

Active Duty Service Members and Activated National Guard/Reserve Component may coordinate care though their primary care manager. If they are not sure who to contact, the sponsor should check with their unit medical officer.

Additionally, the Department of Defense, TRICARE, the uniformed services and the Department of Veterans Affairs have several programs and resources in place to assist injured service members and their families.

Non-Activated National Guard/Reserve Members are injured or become ill while on active duty for 30 days or less are eligible for Line of Duty (LOD) care. It is the service's responsibility to issue LOD documentation for the injury or illness. Depending on the location the sponsor should seek LOD care from either the military treatment facility (MTF) or the Military Medical Support Office (MMSO).

MMSO is responsible managing health care for National Guard and Reserve members live or are stationed outside of a TRICARE Prime Service Area. Contact your MTF or the MMSO for assistance.

If currently covered by the Transitional Assistance Management Program (TAMP) or enrolled in TRICARE Reserve Select (TRS), then any LOD care received is covered separate than other care received under TAMP or TRS.

It's important to understand how the TRICARE and VA work together to take care of health care needs.

If the sponsor is disabled and receives Social Security benefits, it's important to understand how to stay eligible for TRICARE and Medicare benefits.

Supplemental Health Care Program

For Active Duty Only!

The Supplemental Health Care Program is used primarily to pay for private sector (purchased) care for active duty uniformed service members. It may also be used for non-active duty MTF patients for whom the provider maintains responsibility (inpatient goes to private sector for treatment/service and returns to the MTF).

The SHCP operates similarly to the TRICARE benefit in that it is for clinically appropriate medical or dental care. SHCP differs from the normal TRICARE benefit as follows:

- Medically necessary care that is part of TRICARE is normally included (see below for exclusions)
- Care outside TRICARE benefit may be authorized (common example: cognitive therapy)
- TRICARE Policy Manual restrictions do not apply
- Most of the Government no-pay list exclusions do not apply
- Care that is prohibited by regulation or policy is not authorized. Examples include:
  - Gastric by-pass (HA policy 07-006)
  - Elective termination of pregnancy (10 USC1093(a))
  - Off-label FDA device use (32 CFR 199.4(g)(15)(ii))
  - Network chiropractic services (HA 07-028)
- Non-inherently medical/dental care is prohibited, such as:
  - Exercise equipment (including amputee adaptive equipment) (32 CFR 199.4(g)(43))
  - Gym memberships (32 CFR 199.4(g)(43))
  - Spas and hot tubs (32 CFR 199.4(g)(44))
- The provider does not have to be TRICARE certified, but cannot be sanctioned or suspended
- The care must be proven safe and effective (no experimental care)

The referral from an MTF constitutes MTF Commander authorization to execute the care. For non-MTF directed care, the Military Medical Support Office (MMSO) authorizes care. As the MTF is solely responsible for SHCP, the MCSC does not regulate or approve SHCP.

The Director, TMA (via the Office of the Chief Medical Officer), has the authority to approve certain types of care that cannot be approved by the MTF Commander or MMSO.

Retroactive Coverage Closing for TRICARE Young Adult

Highlights

The opportunity to purchase retroactive TRICARE Young Adult (TYA) coverage expires on Sept. 30. Retroactive TYA provides coverage for young adults back to Jan 1, or the day they became eligible if that was after Jan 1.

TYA allows eligible adult children to purchase TRICARE coverage after their eligibility for "regular" TRICARE coverage ends at age 21 (or 23 if enrolled in a full course of study at an approved institution of higher learning).

TYA-eligible beneficiaries may choose to purchase retroactive coverage if they've had significant health care expenses that weren't covered by other insurance. Once enrolled in TYA, beneficiaries may file a claim for reimbursement of costs for covered care. Additionally, young adults in the Continued Health Care Benefit Program (CHCBP) may elect to purchase retroactive TYA coverage and receive a refund for their CHCPB fees.

Those interested in purchasing retroactive TYA coverage must ensure their application form is received by the regional or overseas health care contractor by Sept. 30, 2011. All premiums – both retroactive and the initial three-month payment – must be submitted with the application. The application and payment can be dropped off at a TRICARE Service Center, or mailed or faxed to the regional or overseas health care contractor.

To be reimbursed for covered services, receipts for care must be included when a claim is filed.